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CONFIRMATION NO. 4633

<b>SERIAL NUMBER</b> 10/510,025	<b>FILING OR 371(c) DATE</b> 10/01/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 080/04167	
<b>APPLICANTS</b> Ron Ginor, Austin, TX; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL03/00281 04/03/2003 <b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA 10/116,690 04/04/2002 <div style="text-align: center;"><b>** SMALL ENTITY **</b></div>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> William H Dippert Reed Smith 29th Floor 599 Lexington Avenue New York ,NY 10022-7650					
<b>TITLE</b> Breast cancer screening					
<b>FILING FEE RECEIVED</b> 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		